

**Informational Call for Notice of Funding Opportunity (NOFO)  
Racial and Ethnic Approaches to Community Health (REACH)  
CDC-RFA-DP18-1813**

**Introduction**

Welcome to the Division of Nutrition Physical Activity and Obesity (DNPAO) technical assistance call for applicants to CDC's Notice of Funding Opportunity CDC-RFA-DP18-1813 *Racial and Ethnic Approaches to Community Health*, the cooperative agreement also known as REACH.

My name is April Bankston. I am a Team Lead in the Program Development and Evaluation Branch in the Division of Nutrition, Physical Activity and Obesity in CDC's National Center for Chronic Disease Prevention and Health Promotion. I will be serving as your call moderator today.

The purpose of this call is to present an overview of the Notice of Funding Opportunity, also called the NOFO, review some current FAQs and answer questions. The NOFO is available on [www.grants.gov](http://www.grants.gov), and is announcement # DP18-1813. You may register on grants.gov to receive update notifications about this NOFO. This announcement solicits applications from qualified applicants for the next competitive 5-year period of performance of September 2018 to September 2023, pending availability of funds, for CDC's REACH program.

Throughout this call, I will be referring to sections and page numbers of the NOFO. If you have a copy of the NOFO, please follow along. The DNPAO NOFO website address is posted in the chat box and on the slide for your reference as well. <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/fundingopp/2018/reach-1813.html>

Questions about the technical and programmatic aspects of this announcement can be answered by using the CDC contact information in the NOFO. Programmatic questions should be sent to the following e-mail address, [REACH1813@cdc.gov](mailto:REACH1813@cdc.gov). Answers and additional responses will be posted to the FAQ section of the dedicated program website. If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call or email the <https://www.grants.gov/> Contact Center. Their contact information is found on page 45 of the NOFO submission difficulties section.

I will be joined by Dr. Terry O'Toole, Chief of the DNPAO Program Development and Evaluation Branch in the Division of Nutrition, Physical Activity, and Obesity who will provide a general overview of the NOFO, including the program strategies, expected outcomes, performance measures and evaluation requirements.

I will then take us through the application components, review process, and the award information.

Representatives from the CDC Office of Grant Services are also on the call to answer questions concerning budget or the award process.

We have structured the call to include time at the end to receive and answer your questions. Currently all lines are on mute. However, during the Q & A portion of the call, I will give you instructions on how to unmute your phone. You can also enter your questions in the “Chat” box.

I will now turn it over to Dr. O’Toole, who will provide a general overview of the DNPAO and the REACH NOFO.

### **NOFO overview**

Hello everyone. I’m Terry O’Toole, and on behalf of the Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity, I am very pleased to welcome all participants to this informational conference call. I would like to make a few comments, by way of background and context, for today’s call.

Chronic diseases are the leading causes of death and disability in the United States, largely driven by preventable health behaviors. Health behaviors, such as tobacco use, poor nutrition and physical inactivity, are linked to chronic conditions, premature death, and disability. Chronic diseases and their outcomes disproportionately impact racial and ethnic populations including African Americans/Blacks, Hispanic Americans, Asian Americans, Native Hawaiian/Other Pacific Islanders, American Indians and Alaska Natives.

CDC’s Division of Nutrition, Physical Activity and Obesity (DNPAO) is at the forefront of protecting the health of Americans at every stage of life by encouraging regular physical activity and good nutrition. The DNPAO supports healthy eating, breastfeeding, active living, and obesity prevention by working with partners to create healthy communities.

This NOFO will provide communities the opportunity to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease (i.e., hypertension, heart disease, Type 2 diabetes, and obesity). The five priority populations of focus for this NOFO are: African Americans /Blacks; American Indians/Alaska Natives; Asian Americans; Hispanic Americans; and Native Hawaiian/Other Pacific Islanders population. Culturally tailored interventions will be implemented to address preventable risk behaviors such as tobacco use, poor nutrition and physical inactivity are central to this NOFO.

I will now discuss more details about the REACH NOFO.

## **[General Overview Program strategies, expected outcomes]**

Applicants must propose work in three of four strategies and their accompanying activities which can be found on pages 5- 7 of the NOFO. These include: Nutrition, Physical Activity, Community and Clinical Linkages and Tobacco.

CDC requires recipients to collaborate and coordinate with other existing or future CDC-funded programs within the state to complement the work of other programs, as appropriate. A list of some of these programs is found on pages 7-8.

Recipients will engage a community coalition in executing activities to use community specific best practices to address health disparities, monitor progress and oversee communications within their communities to address tobacco use, poor nutrition, and physical inactivity and create sustainable community-level change through environmental strategies.

The community coalition proposed by the applicant, at a minimum, should have the below identified partners:

- Applicant
- Community coalition leader(s)
- Priority population(s) representative(s)
- Healthcare organization representative (who provides services for the priority population(s))
- Local Community Based Organization representative (with work aligned with the selected strategies)
- State and/or local public health department representative
  
- Characteristics and capacity of the community coalition proposed by the applicant are listed on pages 8-9 and should include the following: Demonstrated ability to leverage partnerships across settings and sectors to address key contributors to the chronic disease disparities within their community
- Represent diverse cross-section of the community
- Represent multi-sectors in the community
- Incorporate input from those who represent the proposed priority population(s)
- Use Community Based Participatory Approaches in their planning approach
- Reflect the composition of the proposed priority population
- A history of success in working together with partners on issues relating to health or other disparities.
- Demonstrated effectiveness and progress in mobilizing partners to assist in Implementation of local evidence-based or practice-based improvements that are culturally tailored to the priority population(s)

Throughout the award, the recipient and the community coalition are encouraged to work with other organizations that can facilitate the success of their proposed work in addressing health

disparities and preventing chronic disease. These collaborations might include entities such as state or local health departments; community-based organizations; health care organizations; faith-based organizations; tribal organizations; local, regional, state, or national organizations with local affiliates; university/academic institutions, or non-traditional partners (e.g., local education agencies, parks and recreation, transportation, environmental health, housing and urban development, public safety, and financial organizations).

Letters of involvement from a minimum of two members of the community coalition are required with the application and must include a specific description of their role in support of the proposed work. Also, a letter of acknowledgement from the State Chronic Disease Director is required for the application. The letter should acknowledge: 1) the applicant is applying for this NOFO; 2) the proposed priority population(s); and 3) the geographic area in the state where work is proposed. These requirements are outlined on pages 8-9 of the NOFO.

I will now discuss the evaluation and performance measurement strategy.

### **Evaluation and Performance Measurement Strategy**

Recipients will be responsible for reporting on the Intermediate and Long Term Outcomes, found within the logic model on page 5 and as listed on pages 12- 18 under the performance measurement strategy table. With some coordination with the funded recipients, CDC will collect short-term performance measure data for short-term outcomes.

#### **CDC's Evaluation and Performance Measurement Strategy,**

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe the listed elements on pages 11-12 of the NOFO.

CDC will work with recipients to answer the evaluation questions based on program strategies and the logic model. The evaluation questions can be found on page 11.

The table on pages 12-15 provides the complete list of performance measures that recipients will be required to report for this NOFO. The applicant must demonstrate the ability to monitor program performance by establishing a performance measurement strategy.

CDC will work with recipients during the first six months to revise and finalize their evaluation plans and performance measures.

Next is the **Organizational Capacity of Recipients to Implement the Approach** section. Applicants must demonstrate their organizational capacity to execute the award effectively and efficiently. More details about these minimum requirements are found on pages 15-16.

The **Work Plan** section that begins on page 16 should describe how the applicant plans to implement all of the required strategies to achieve NOFO outcomes.

At a minimum, the detailed work plan for Year 1 of the award must include the items listed on page 17. The work plan should include activities to engage the priority populations and existing partnerships or coalitions, outline how the existing community needs assessments are being used to identify the strategies or tailor the activities for priority populations, and outline what are the specific communication activities that will support the NOFO strategies.

Applicants should submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. A sample work plan template is provided on page 17.

The **CDC's Monitoring and Accountability Approach** includes routine and ongoing communication between CDC and recipients through site visits, and recipient reporting. Consistent with applicable grants regulations and policies, CDC has several expectations regarding post-award monitoring for grants and cooperative agreements, and these are provided on page 18.

I will now turn the line back over to **Ms. April Bankston** to review award information, eligibility criteria, and application submission procedures, including an optional Letter of Intent.

## **Award Information**

Thank you, Dr. O'Toole.

Pages 19-20 list the Award Information including the Approximate Total Fiscal Year Funding, estimated Total Funding over the life of the NOFO, Expected Number of Awards, Approximate Average Award, Award Ceiling and Floor, the Estimated Award Date of 09/29/2018 and the Budget Period Length.

Direct Assistance is not available through this NOFO. Cost Sharing or Matching is not required for this NOFO.

This funding is not intended for research or the provision of clinical care. A complete list of funding restrictions is found beginning on page 28.

The **Eligibility Information** begins on page 20. The eligibility for this NOFO is open competition for a wide and diverse set of applicants. The only potential applicant that is not eligible is For-profit entities who are not classified under the Small Business Category.

For the **Application Submission Procedures**

An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov). 1. Data Universal Numbering System (DUNS); 2. System for Award Management (SAM); and be registered as a grants.gov user. Additional information concerning these three submission procedures is found on page 22-23 of the NOFO.

If you are interested in submitting an application, CDC recommends and encourages applicants to submit a Letter of Intent. The information to be included in the Letter of Intent section is found on pages 25-26 of the NOFO. The Letter of Intent must be emailed or postmarked by **June 11, 2018**. You may submit the Letter of Intent electronically to [REACH1813@cdc.gov](mailto:REACH1813@cdc.gov). Further instructions for mailing the Letter of Intent is provided on page 26; however, Electronic submission is preferred.

Applicants may access the application package at [www.grants.gov](http://www.grants.gov). Further guidance is provided on page 24 of the NOFO.

Application packages are due on **July 16, 11:59 p.m. U.S. Eastern** Daylight Saving Time, on [www.grants.gov](http://www.grants.gov).

Let's review the **Application Components** which beginning with the Table of Contents, on page 26 of the NOFO. The applicant must provide a detailed **table of contents** for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. The table of contents is not included in the project narrative page limit and must be submitted as a separate attachment.

The **project abstract** is included on the mandatory documents list and must be entered in the "Project Abstract Summary" text box in grants.gov. This is a maximum of one page.

The **project narrative** is a maximum of 20 pages, single-spaced, 12 point font, 1-inch margins, with pages all numbered. The project narrative includes the work plan. Content beyond the 20-page limit will not be reviewed. Most of what applicants need to develop a project narrative is provided in Part 2, A, Funding Opportunity Description section. Information about requirements of the project narrative can be found beginning on page 26.

For the **evaluation and performance measurement plan**, Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. Minimum requirements for the plan are provided in this section beginning on page 27.

The **organizational capacity of applicants to implement the approach** requirements are detailed in the CDC project description on pages 15-16 In addition, pages 35-36 provide additional information on content to include in this section including project management structure and staffing, and implementation readiness.

The **budget narrative** must be reasonable and consistent with work associated with the project narrative. Requested award amount should align with the size of the priority populations targeted; geographic area, and the strategies being proposed.

The budget should align with the stated objectives and planned program activities and includes:

- A feasible and detailed itemized budget and narrative that follows the guidance in the Budget Narrative section
- At least 10% of the proposed total annual budget to support overall evaluation activities
- CDC recommends a full time equivalent to serve as the program manager who will be responsible for the day to day management of the implementation of activities
- A required recipient training meeting will be scheduled in the first budget year. Applicants should budget for up to five staff to participate for up to five days (tentative training site is Atlanta GA).
- A CDC evaluation training will be scheduled in Atlanta in the first budget year. Applicants should budget up to two evaluation staff to participate for up to two days.

Again, please make sure to closely review and respond to all of Part 2, Section D, Application and Submission Information which begins on page 22.

Carefully follow the application mandatory and optional documents guidance section H. Other Information on page 46. All documents must be in PDF format.

Successful applicants will receive an electronic copy of the Notice of Award (NOA) from the CDC Office of Grants Services (OGS) by September 29, 2018.